PTO/SB/08A				Complete if Known		
l IN	FORMATION	DISC	LOSURE	Application Number	to be assigned	
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(use	e as many shee	ets as	necessary)	Confirmation Number		
				First Named Inventor	William Stuchlik	
				Group Art Unit		
				Examiner Name		
Sheet	1	of	1	Attorney Docket No.	ALTO 4335.3	

			U	.S. PATEN	T DOCUMENTS		
<u> </u>			U.S. Patent Doo	ument		Date of Publication of Cited Document MM-DD-YYYY	
Examiner Initials*	Cite No.¹		Number	Kind Code <sup>2</sup> (if known)	Name of Patentee or Applicant of Cited Document		
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Examiner Initials*	Cite No.1	F	oreign Patent Do	ocument		Date of Publication of Cited Document MM-DD-YYYY	
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